

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLN. OF: OYU et al.
SERIAL NO: 10/730,852
FILED: December 9, 2003
FOR: Semiconductor Memory Device with Less Threshold Variation
DOCKET: ELPIDA 03USFP943

MAIL STOP MISSING PARTS
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF MISSING PARTS OF APPLICATION

Dear Sir:


Submitted herewith is a two (3) three page Declaration and Power of Attorney executed by the Inventors with respect to the above-identified patent application.

Also enclosed is a two (2) page Assignment affixed to a completed form PTO-1595.

Form PTO-2038 authorizing credit card payment in the amount of \$170.00 to cover the \$130 large entity surcharge and the \$40.00 Assignment recordal fee is also enclosed.

In the event there are any fee deficiencies or additional fees are payable, please charge them (or credit any overpayment) to our Deposit Account No. 08-1391.

Respectfully submitted,


Norman P. Soloway
Attorney for Applicants
Reg. No. 24,315

01/08/2004 CCHAU1 00000166 10730852 130.00 OP
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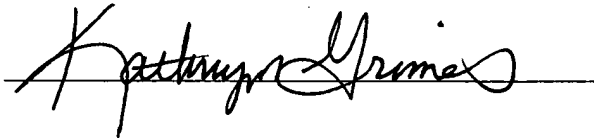
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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: MAIL STOP MISSING PARTS, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 2, 2004 at Tucson, Arizona.

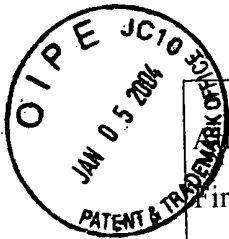
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION



Attorney Docket No:	ELPIDA 02USFP943		
First Named Inventor:	OYU et al.		
Complete if known: Serial No:	10/730,852	Filing Date:	December 9, 2003
Group Art Unit:		Examiner:	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled _____

SEMICONDUCTOR MEMORY DEVICE WITH LESS THRESHOLD VARIATION
the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, S. 1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

			Priority Claimed		Certified Copy Attached	
			Yes	No	Yes	No
357789/2002	Japan	December 10, 2002	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)				

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application No: _____ Filing Date: _____

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

US Parent Application No.
or PCT Parent Appln. No

Parent Filing Date

Parent Patent Number
(if applicable)

And I hereby appoint HAYES, SOLOWAY, HENNESSEY, GROSSMAN & HAGE, P.C., a firm composed of:

Oliver W. Hayes, Reg. No. 15,867
Norman P. Soloway, Reg. No. 24,315
William O. Hennessey, Reg. No. 32,032
or any of them, of 175 Canal Street, Manchester, New Hampshire 03101 (Telephone: 603-668-1400) and

Steven J. Grossman, Reg. No. 35,001
Susan H. Hage, Reg. No. 29,646
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
Dale F. Regelman, Reg. No. 45,625

as my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent Office connected therewith.

Please direct all future correspondence in connection with this application to the attention of **Norman P. Soloway** HAYES, SOLOWAY, HENNESSEY, GROSSMAN & HAGE, P.C., 175 Canal Street, Manchester, New Hampshire 03101 (Telephone: 603-668-1400).


I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Full name of second joint inventor: _____

Second Inventor's signature Atsushi Ogishima  Date December 18, 2003

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Full name of third joint inventor: _____

Third Inventor's signature _____ Date _____

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Full name of fourth joint inventor: _____

Fourth Inventor's signature _____ Date _____

Residence: _____

Citizenship: _____

Post Office Address: Same as Residence

Full name of fifth joint inventor: _____

Fifth Inventor's signature _____ Date _____

Residence: _____

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Post Office Address: Same as Residence

Full name of sixth joint inventor: _____

Sixth Inventor's signature _____ Date _____

Residence: _____

Citizenship: _____

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